


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N44094 1. Entity Name LAKE ELLEN SHORES HOMEOWNERS ASSOCIATION, INC.																																																																																																																															
Principal Place of Business LAKE ELLEN SHORES H.O. ASSOC P.O. BOX 1122 CRAWFORDVILLE FL 32326 US			Mailing Address LAKE ELLEN SHORES H.O. ASSOC P.O. BOX 1122 CRAWFORDVILLE FL 32326 US																																																																																																																												
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																												
City & State			City & State																																																																																																																												
Zip		Country		4. FEI Number 59-3120232																																																																																																																											
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable																																																																																																																													
6. Name and Address of Current Registered Agent WEBSTER, WILLIAM H. COURTHOUSE SQUARE CRAWFORDVILLE FL 32327				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																											
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																																																																																																																															
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																																																																																																																															
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																											
Make Check Payable to Florida Department of State																																																																																																																															
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">PD</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SMITH, STEVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>64 LAKE ELLEN SHORES DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CRAWFORDVILLE FL 32327</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PANZARINO, FRANK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>395 EMMETT WHALEY RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CRAWFORDVILLE FL 32327</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SMITH, RUBY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>64 LAKE ELLEN SHORES DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CRAWFORDVILLE FL 32327</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BAUMAN, EARL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>88 LAKE ELLEN SHORES DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CRAWFORDVILLE FL 32327</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>UNSERWOOD, KATHY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11 CREEK SIDE COVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CRAWFORDVILLE FL 32327</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 40%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	SMITH, STEVE		STREET ADDRESS	64 LAKE ELLEN SHORES DR		CITY-ST-ZIP	CRAWFORDVILLE FL 32327		TITLE	VD	<input type="checkbox"/> Delete	NAME	PANZARINO, FRANK		STREET ADDRESS	395 EMMETT WHALEY RD		CITY-ST-ZIP	CRAWFORDVILLE FL 32327		TITLE	D	<input type="checkbox"/> Delete	NAME	SMITH, RUBY		STREET ADDRESS	64 LAKE ELLEN SHORES DR		CITY-ST-ZIP	CRAWFORDVILLE FL 32327		TITLE	D	<input type="checkbox"/> Delete	NAME	BAUMAN, EARL		STREET ADDRESS	88 LAKE ELLEN SHORES DR		CITY-ST-ZIP	CRAWFORDVILLE FL 32327		TITLE	D	<input type="checkbox"/> Delete	NAME	UNSERWOOD, KATHY		STREET ADDRESS	11 CREEK SIDE COVE		CITY-ST-ZIP	CRAWFORDVILLE FL 32327		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																													
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																															
SIGNATURE: RUBY L. SMITH <i>Ruby L. Smith</i> 3/3/05 926-4936 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																															

